NOTE TO REVIEWER: Comments and recommendations regarding this draft plan are welcome and will be solicited in presentations to many different groups. Please feel free to submit them online at: https://www.surveymonkey.com/r/HMDHJG5

Comments received by June 30, 2022, will be considered in preparation of a final version that is scheduled for presentation to the HSOC on July 18, 2022, and subsequently to the County of San Luis Obispo Board of Supervisors.

DRAFT

The San Luis Obispo Countywide Plan to Address Homelessness 2022-2027

Adopted by on [date]:

Adopted by on [date]:

[Insert County seal after adoption]

[Insert HSOC logo after adoption]

Preface: Why We Must Address Homelessness

Homelessness burdens our community in ways we can no longer afford. No matter the lens through which you examine this issue, the cost is high.

The toll of homelessness on the individual homeless person is well understood. The average life expectancy for someone experiencing homelessness is shortened by approximately 25 years than those who have stable housing.[1] Homelessness exacerbates existing health problems and causes new ones, both with chronic diseases (such as diabetes) and acute problems (such as infections and injuries). It is difficult to manage one's health and heal when there is no place to rest and recuperate.

Less obvious is the combined toll on our community's wellbeing. As the numbers of those experiencing homeless in our region continues to rise, our community suffers immeasurable losses to our quality of life, environmental wellbeing, and economic vitality.

We mourn the loss of our parks and open spaces. The accessibility we once had to these community resources continues to diminish as more and more people make these locations their homes. The landscapes of our parks, our trails, our community centers and even sidewalks have rapidly changed. We have long prided ourselves on a high quality of life here in the County of San Luis Obispo, but this quality is being significantly and rapidly degraded by the growing expanse of homelessness.

Apart from the emotional toll on our community, the financial cost of homelessness is already staggering and only continues to grow. The U.S. Department of Housing and Urban Development (HUD) estimates that the cost of a homeless person to their community exceeds $40,000 per year[2] due to frequent use of public services such as ambulance rides, emergency room visits, hospitals, arrests, jail time and other services. This is further exacerbated by the financial impact of homelessness through the loss of a region's business vitality. Whether in attracting diverse business development or maintaining a reliable workforce, the existence and expanse of homelessness act as a deterrent to our economic health.

Calculating the total individual and community costs of homelessness is a complicated process. Even more so is understanding its root causes. There is confusion as to why homelessness grows so rapidly and why the expensive efforts

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[1] Source: *Not One More: Honoring Those Who Died Homeless,* NAEH, available at: https://endhomelessness.org/blog/not-one-more-honoring-those-who-died-homeless/
[2] Source: *The Cost of Homelessness,* by Veronica Morley, available at https://www.turnto23.com/news/homeless/breaking-down-the-cost-of-homelessness

to confront it seem only to facilitate its growth. There is a waning belief, perhaps even a loss of hope, that this problem can ever be prevented from growing and permanently blemishing the texture of the society we leave to our children. While the cause of each instance of homelessness may be unique, there is one thing every case has in common: Once a person is homeless, we all pay a heavy price.

There is no simple answer to addressing homelessness, but we can all agree that our approach needs to change. This strategy does not pretend to offer an end to homelessness in a community where rent is high, and wages are not. What this strategy does offer is a bold, systematic, and integrated sequence of actions designed to make the goal of substantially reducing homelessness achievable, so that our children can come to know a region with the values and humanity that have long made our Nation and the County of San Luis Obispo a wonderful place to live.

Executive Summary

Despite the recent expansion of homeless shelters and parking village facilities in the County of San Luis Obispo over the last several years, **we have the capacity to shelter only 20-30% of our homeless citizens on any given night**. Our community is rowing upstream against economic forces that have evolved over decades and are national in scope: high housing costs, low vacancy rates, and systemic racism that drives disparities among homeless populations.

Making incremental increases in uncoordinated efforts to reduce homelessness is no longer an option for our region. This plan outlines a bold, housing-centric strategy to **reduce the number of people experiencing homelessness to 50% of the current level within five years**. Achieving this goal will require a whole-of-community effort that includes increasing availability of non-congregate shelters; reexamining and diversifying funding sources; strengthening regional partnerships; and modernizing the data systems and structures that address homelessness.

Achieving the goal of reducing homelessness to 50% of the current level in a high-demand/low-supply local housing market requires a mix of housing approaches that vary by how they affect housing supply, the level of services they require, as well as the time and cost it takes to build them. The plan includes strategies to **build or secure housing solutions for 2050 additional people over 5 years**.

The plan is organized into **six *Lines of Effort (LOE).*** Each *Line of Effort* represents a series of related events, actions or projects that combine to achieve a specific objective linked to the strategic goal of reducing homeless. While each LOE addresses a distinct aspect of the challenge, none stands alone, and they are synchronized together over time. For example, LOE1 (the main effort) focuses on increasing the amount and types of housing and shelter available, while LOE2 is focused on preventing homelessness and supporting housing stability.

This plan recognizes that increased access to housing is necessary but insufficient. **While reducing homelessness is the goal, solely building housing is not. Reducing homelessness requires not just a physical increase in housing, but also the services needed to support people in securing and retaining that housing.** Reducing homelessness must also address specific barriers such as mental health, addiction, and medical challenges, with attention on the needs that may differ by culture, language, family type, age, and an individual's specific experience with trauma. Furthermore, this plan recognizes that a structured approach to regional collaboration is needed to implement and oversee these efforts, supported by new data capabilities and expanded efforts in communications and public engagement.

State of Homelessness in the County of San Luis Obispo

How many people are experiencing homelessness in the County of San Luis Obispo?

- **1483 people** were observed as homeless throughout SLO County in the 2019 Point in Time Count. 2022 results are pending.
- On average, each year since 2018, homeless system of care inflow has exceeded outflow by **196 people**.
- Among communities categorized as "largely suburban" nation-wide, the County of San Luis Obispo had the **3rd largest percentage of unsheltered homelessness nationwide** in 2020—**82.4% of the homeless population was unsheltered.** San Luis Obispo also made the **top 5** list for unsheltered youth, unsheltered veterans and unsheltered individuals.

> ### What is the homeless system of care?
> The *homeless system of care* consists of all the various community partners that provide or support housing, shelter, services, and resources for people who are experiencing homelessness or who have recently experienced homelessness in our community. These include, among others, CAP-SLO, ECHO, 5 Cities Homeless Coalition, Lumina Alliance, Transitions Mental Health Association, the Salvation Army, HASLO, and County departments.

Who is experiencing homelessness in the County of San Luis Obispo?

- Programs to house families have been better funded than those to serve individuals, so **individuals are less likely to be receiving housing and service resources**. Families make up 15% of the point-in-time count census but 39% of the people served by the system of care, while individuals make up 85% of the point-in-time count but only 61% of those served by the homeless system of care.
- **Families with children and youth ages 18-24** who are unaccompanied (Transitional Age Youth (TAY)) in the system of care **are Black, Indigenous and People of Color (BIPOC) at higher rates** than adult-only households served by the system of care.
- Most people who experience homelessness in the County of San Luis Obispo are **from the County of San Luis Obispo**. 92.9% of people who accessed homeless services in 2020 in the County of San Luis Obispo had not accessed services in any other community.

We know housing ends homelessness—what about housing?

- The County of San Luis Obispo is the **second least affordable small metro area** in the entire nation. The County's cost of housing was about **51.7% higher than the national average**, ranking it as a small metro area with the **fourth-highest housing cost** in the United States. [3]
- As of February 2022, rent in this County averaged at **$2,347 per month** – $719 more than the national average.[4]
- The **apartment vacancy rate** as of fourth quarter of 2020 was 3%, which is approximately half of the national rate **5.6%**.
- **Rapidly rising rents** (13.5% increase in the past year and 46% since 2016) have increased the financial burdens on low-income people.[5]
- The median rental household in the County spends 38% of its income on housing, meaning that **over half of all rental households in the County are at increased risk of homelessness** due to the burden that housing costs place on family budgets.[6]

How has the homeless system of care been able to respond to these challenges?

- Since 2019, year-round **emergency shelter capacity increased by 115 beds (73%)** and maximum total capacity has doubled with the addition of 110 safe parking spaces, but on any given night **we have the capacity to shelter only 20-30% of the number of people observed as homeless in 2019 (Point in Time Count)**
- Federal efforts such as the **CARES Act and ARP** and state equivalent such as **HHAP** have resulted in several one-time grants that have launched new efforts, but as those close, challenges continue.
- At the same time, housing and service providers **struggle to hire and maintain enough adequately trained staff**. For example, in April 2022, the County Behavioral Health department had over 20 open positions. Similarly, the Atascadero Winter Shelter closed 6 weeks early due to lack of staffing.

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[3] Source: *SLO County second least affordable small metro in America*, San Luis Obispo Tribune, March 21, 2022.
[4] Source: https://www.rentcafe.com/average-rent-market-trends/us/ca/san-luis-obispo/
[5] Source: Analysis of HUD Fair Market Rents, available at : https://www.huduser.gov/portal/datasets/fmr.html
[6] Source: https://www.huduser.gov/portal/datasets/cp.html#2006-2017

What would be better?

- This community plan calls for **strategic coordination across the region** to create more housing and shelter, to improve system efficiencies and efficacy, and to support services that stabilize people in housing.
- The substantial expansion in capacity for shelter and housing outlined in this plan – with the staffing needed for success – will **save lives, reduce suffering, restore people to productive lives, improve the environment, and set all communities in the County on a path to improve how public spaces are shared**.
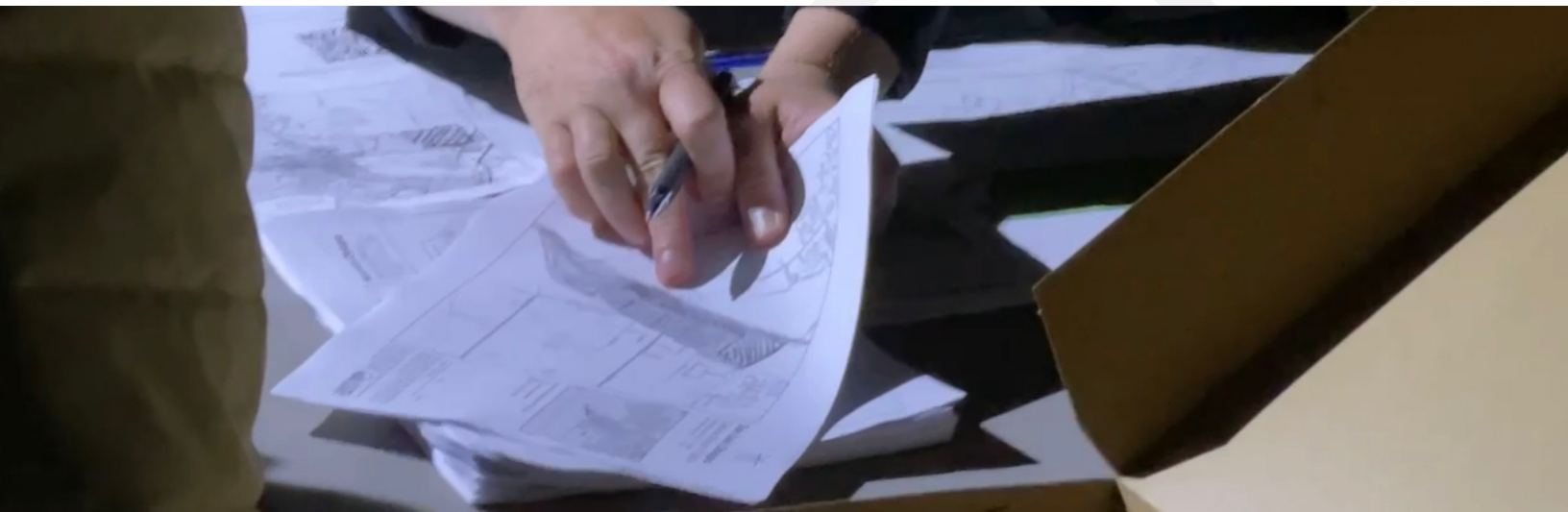
Vision
The San Luis Obispo region will reduce homelessness by ensuring that people at risk of losing housing can retain it, and those experiencing homelessness can equitably secure safe housing with appropriate supports, minimizing trauma to the individual, the community, and the environment.

Goals of this Plan:

1. Reduce the number of people experiencing homelessness to 50% of the current level within five years.
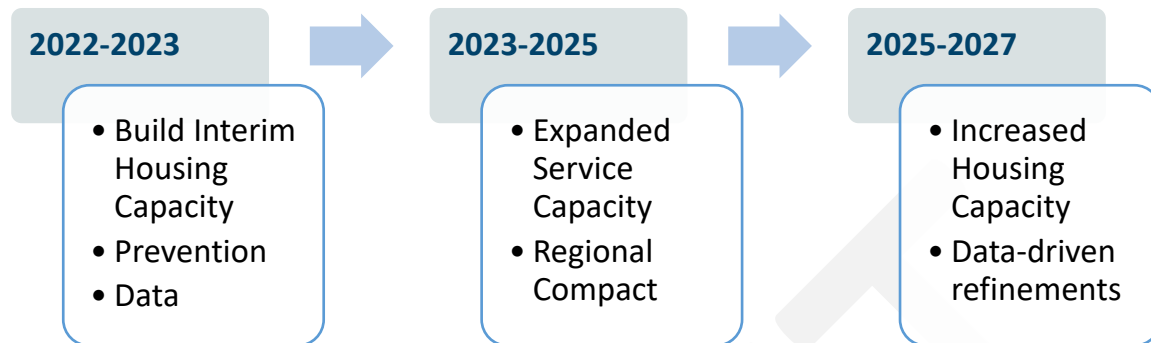2. Reduce *unsheltered* homelessness to 50% of the current level within five years.

Six Lines of Effort:

1. Create affordable and appropriately designed **housing opportunities and shelter options** for underserved populations.
2. Focus efforts on **housing stability** for those experiencing homelessness or at risk of homelessness, including expanding prevention/diversion, supportive services, and housing navigation efforts.
3. Improve and expand **data management efforts** through HMIS and Coordinated Entry to strengthen data-driven operational guidance and strategic oversite.
4. Create, identify, and streamline **funding and resources**.
5. Strengthen **regional collaboration**.
6. Build **public engagement** through information-sharing and partnership.

Our Guiding Principles:

- We must use a **rapid cycle implementation strategy** to add capacity in housing, shelter, and homelessness prevention.
- We will **build the train as it travels**: Strategic planning, action planning, and implementation will be occurring simultaneously.
- **Innovation** is needed to create lower cost housing and shelter options.
- We will actively **engage persons with lived experience of homelessness** in the development, refinement, and execution of plans.
- We must **work together across jurisdictional boundaries and across sectors** so that we can move forward with strategically coordinated action.
- We will build **community awareness** of the impacts of homelessness on our community and support for countywide initiatives.

Summary Timeline

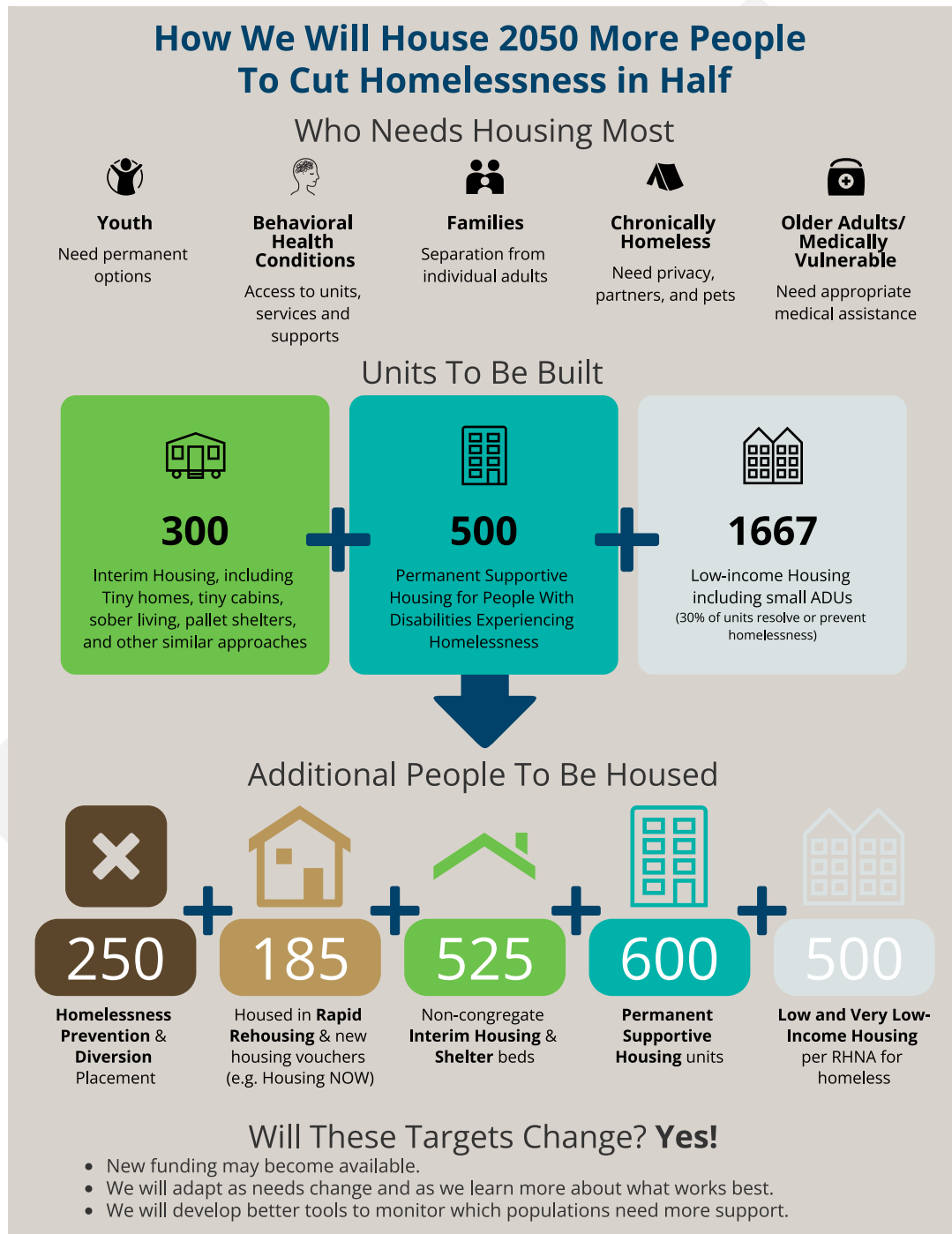| 2022-2023	2023-2025	2025-2027
• Build Interim Housing Capacity • Prevention • Data	• Expanded Service Capacity • Regional Compact	• Increased Housing Capacity • Data-driven refinements

- **First 12 Months: Rapid-Cycle Expansion of Interim Housing Capacity**
    - Rapid-cycle implementation of non-congregate sheltering/interim housing capacity.
    - Expand landlord partnership through incentive program and incentive/mitigation fund.
    - Through launch of Homeless Action Committee, lay groundwork for a Regional Compact on homelessness to expand affordable and homeless housing regionally, including deeper analysis of needs and resources focused on populations that are medically vulnerable/age 65+, have behavioral health conditions, are chronically homeless, or are families with children.
    - Increase diversion and prevention capacity.
    - Expand staffing levels to meet needs in interim housing capacity and provide services for people with behavioral health conditions.
    - Improve and expand HMIS and Coordinated Entry for data-driven strategic oversight capabilities and operational guidance.
    - Actively engage persons with lived experience of homelessness into all phases of planning.
    - Launch community education and media plan.

- **Year 2-3: Regional Compact for Housing Development and Expanded Service Capacity**
    - Jurisdictions will develop a Regional Homelessness Compact to develop and align supportive housing goals, reducing barriers to housing and aligning resources to create and support housing
    - Expand supportive services available to ensure people are able to access and maintain housing, especially behavioral health services and outreach.

- Creation of community standards for services and housing and expanded training and other staff supports to ensure all resources are supporting strategic plan goals and using best practices.
- Improve data analytics and systematic reporting. Expand data connections and coordination with criminal legal system, hospitals, and sober living environments to offer more effective and efficient services.
- Review and learn from rapid cycle expansion of non-congregate sheltering/interim housing capacity and prevention and diversion capacity to fill in gaps and make improvements

- **Year 4-5: Increase Housing Capacity**
  - Complete more affordable and supportive housing projects, both traditional and non-traditional, and meet RHNA targets in all jurisdictions
  - Develop housing solutions with consideration of water and other infrastructure needs
  - Systematically work on speeding the path from homelessness to housing
  - Solidify the gains with sustainable ongoing funding
  - Implement incentives as needed to ensure implementation of the Regional Compact
  - Enhance community partnerships to support system effectiveness

Lines of Effort 1: Create affordable and appropriately designed housing opportunities and shelter options for underserved populations.

How We Will House 2050 More People To Cut Homelessness in Half

Who Needs Housing Most

Youth
Need permanent options

Behavioral Health Conditions
Access to units, services and supports

Families
Separation from individual adults

Chronically Homeless
Need privacy, partners, and pets

Older Adults/ Medically Vulnerable
Need appropriate medical assistance

Units To Be Built

300
Interim Housing, including Tiny homes, tiny cabins, sober living, pallet shelters, and other similar approaches

+

500
Permanent Supportive Housing for People With Disabilities Experiencing Homelessness

+

1667
Low-income Housing including small ADUs
(30% of units resolve or prevent homelessness)

Additional People To Be Housed

250
Homelessness Prevention & Diversion Placement

+

185
Housed in **Rapid Rehousing** & new housing vouchers (e.g. Housing NOW)

+

525
Non-congregate **Interim Housing & Shelter** beds

+

600
Permanent Supportive Housing units

+

500
Low and Very Low-Income Housing per RHNA for homeless

Will These Targets Change? **Yes!**

- New funding may become available.
- We will adapt as needs change and as we learn more about what works best.
- We will develop better tools to monitor which populations need more support.

Focus: Increase the number of interim and permanent housing opportunities to serve prioritized beneficiary groups experiencing homelessness, making the way to clear backlogs of households with insufficient housing options due to specific barriers to housing and increasing the effectiveness and efficiency of the homeless system of care overall.

> Beneficiary groups have been identified based on data analysis about community need and may change over time as homelessness is addressed and community needs change.
>
> The following beneficiary groups have been identified as this plan begins:
> - Older Adults/Medically vulnerable
> - Behavioral Health Conditions
> - Chronically Homeless
> - Families

Metric: Create 2050 new housing opportunities for persons who are experiencing homelessness or are at-risk of homelessness over a 5-year period across the County

> **What do we mean by "creating housing opportunities"?**
>
> Creating housing opportunities includes any strategy to increasing housing access, including but not limited to:
> - Constructing, acquiring, rehabilitating, or renovating housing units
> - Master leasing
> - Funding housing subsidies for households to access apartments in the community
> - Non-traditional housing or shelter options, like tiny homes, pallet shelters, board & care, shared housing, or other designs.

Summary of Timing:

- **Year 1:**
  - o Find locations and start building non-traditional interim supportive housing with the goal of creating 300 units within 3 years

- o Develop better data on how many people need what type of housing and supports, and where, so that we can develop clear housing targets for particular populations.

- **Years 2-3:**
  - o Prioritize and accelerate development of permanent housing projects to meet the mix of needs in the community, including permanent supportive housing (PSH) dedicated to homeless households.
  - o Keep building interim supportive housing.

- **Years 4-5:**
  - o Ensure the creation of permanent supportive housing and low income/very low-income housing generally, including small Accessory Dwelling Units (ADUs) to meet Regional Housing Needs Assessment (RHNA) targets in all jurisdictions.

  See Appendix for housing model definitions, targets, expected number of persons housed, and turnover assumptions.

A. Rapidly create and support low-cost, non-traditional interim supportive housing solutions.

> **Housing Unit**: A housing unit serves one household, which may consist of one person.

1. Use rapid-cycle implementation to create **more non-congregate sheltering/interim housing capacity** of a variety of types, such as pallet shelters, cabins, tiny homes, sober living homes, sobering centers and safe parking villages, targeting one project in each City and Supervisor District for a total of **300 new units countywide within 3 years.**

2. Ensure that these new interim housing projects countywide form a **continuum of safe, accessible, low-barrier interim housing/shelter options** for individuals and for families that include wet or damp shelters and options that allow partners and pets.

3. Expand the Oklahoma Avenue **Parking Village** and replicate on a smaller scale in additional locations, with housing navigation support.

4. Provide **housing-focused services** to address needs of specific populations, including chronically homeless, unsheltered, families, and elderly/medically vulnerable. (*See also*, LOE 2.C)

5. Develop **community standards for temporary non-traditional supportive housing** to facilitate and ensure that people served in this housing exit to permanent housing.

6. Learning from existing projects, **quarterly analyze utilization and needs for interim housing** based on geography, climate, and population and outcomes of various models. Align and expand shelter resources based on analysis.

B. Remove barriers to building new units for homeless populations throughout the region, especially in cities.

1. Cities and County will adopt **least restrictive interpretation of "low-barrier navigation centers"** (based on state zoning requirements) into zoning codes.
2. Cities and County will consider **deferring or waiving permit fees** for new infrastructure related to homelessness (or commit permit and/or impacts fees to support building costs).
3. Complete a **regional inventory** of city- and county-owned properties (based on compilation of cities' housing inventories within each Housing Element).
4. Codify best practices and facilitate adoption of streamlined development of homeless housing through a **Regional Homelessness Compact**. *(See also, LOE 5.A.)*

C. Create and sustain permanent supportive housing for homeless households.

1. Work with **healthcare partners to expand access to supportive housing environments** appropriate for medically vulnerable individuals, chronically homeless persons and seniors. (*See also,* LOE 2.J.)
2. Commit to ongoing funding needed to **sustain the operations and supportive services for existing permanent supportive housing projects**.
3. Reduce the development cost of permanent supportive housing by **removing fees** and by **aligning local land use policies** to reduce barriers to siting, and advocate at the state level for **changes to housing development policies** that would streamline the development of permanent supportive housing.
4. Accelerate project implementation sufficiently to build **500 additional units of permanent supportive housing** for homeless persons within 5 years.

> **Non- traditional supportive housing options can include the following:**
> - Pallet shelters
> - Tiny Homes
> - Board & Care
> - Single Room Occupancy (SRO)
> - Sober living homes

5. Prioritize production of a **mix of project sizes** to serve different needs: smaller projects (meaning 12 or less units) for persons with chronic mental illness and larger projects using tax credit financing to accommodate families and seniors.
6. Ensure all housing created takes into account **water and other infrastructure needs**.
7. Use **clear prioritization and systematic tracking** to ensure that medically vulnerable and chronically homeless individuals needing permanent supportive housing are able to exit from stabilizing environments such as interim housing/shelter solutions into permanent supportive housing with sufficient clinical and other service supports.

D. Increase use of existing vouchers and rapid rehousing funds through a region-wide landlord incentive and outreach program to maximize available units with private landlords.

1. Bring HASLO's Emergency Housing Voucher **landlord incentive program** to scale in all communities to increase the number of landlords participating by 15% over the next 5 years.
2. Create a countywide **landlord incentive/mitigation fund** and adjust available funding based on analysis of access, utilization, and outcome of current landlord engagement efforts.
3. Sustain current levels of vouchers and rapid rehousing, and add resources sufficient for **an additional 160 persons to find housing**.
4. Expand the **Housing Now** program by 5 additional persons each year.

E. Increase access to seasonal and weather-dependent shelter throughout the region.

1. **Maximize opportunities for winter sheltering** across the County, starting with identifying locations, and where possible, then expanding for less severe weather conditions and more days of service.
2. Consider **cooling centers** in each region (North, Central and South) to be available on days expected to exceed 100 degrees, to support both unhoused persons and vulnerable housed people without air conditioning.

F. Support achievement of Regional Housing Needs Assessment (RHNA) goals for affordable housing targeting low- and very low-income households in every jurisdiction.

1. Introduce policies and strategies to help accelerate completion of affordable housing projects, both traditional housing and small accessory dwelling units or permanent tiny homes, to **meet RHNA targets in all jurisdictions** (that is, one-half of 6th cycle RHNA targets for low-income and very low-income units within 5 years), to achieve **1667 units of low/very low-income housing** and 500 supportive units dedicated to homeless persons or preventing homelessness. (see also, LOE #1 C.4)
2. Create a **public dashboard** to demonstrate progress toward affordable housing goals.
3. Provide **incentives to builders and developers** of affordable housing to increase development, including increasing local matching funds to help make strategic local projects competitive for tax-credit financing.
4. **Preserve existing affordable housing** (for example, mobile home parks, Anderson building).
5. **Support smaller homes of all kinds** (tiny homes, tiny homes on wheels, ADUs, etc.)
6. **Support all levels of affordable housing** (including deed restricted housing, moderate affordable units, affordable by design approaches) to provide housing for households exiting successfully from homeless-dedicated housing and stabilize moderate- and low-income households, including workforce.
7. Encourage development of **workforce housing** countywide to support staff who are currently working or moving to the area to work in this field.
8. Review **City and County resources including CDGB** to increase the efficiency and timeliness of allocation and utilization (for example, consider combining funds to get projects qualified for tax-credit financing more quickly).
9. Through the HSOC Housing Committee, consider and encourage exploration of **alternative housing finance models.**

Line of Effort 2: Focus efforts to reduce or eliminate the barriers to housing stability for those experiencing homelessness or at risk of homelessness, including prevention, diversion, supportive services, and housing navigation efforts.

Focus: Supportive services effectively obtain and maintain housing for people experiencing homelessness, across subpopulations.

Metrics:

- System-wide, reduce the average length of time people experience homelessness locally by 10% annually.
- The number of people being served in shelters or by outreach staff access permanent housing increases by 10% each year.
- At least 2050 more people exit homelessness into housing over five years, compared with current level of effort.

Summary of Timing:

- **Year 1:** Prevention & Diversion; services sufficient to support new interim housing
- **Years 2-3**: Services development, training and coordination, especially behavioral health and outreach
- **Years 4-5:** Maintain services, with ongoing assessments and refinements to maximize effectiveness

A. Implement housing-focused case management and services across the region.

1. **Increase staff to meet the expanding challenge of** emerging needs (with increased efforts in coordinated entry, outreach, housing case management); utilizing best-practices to define appropriate client to staff case load ratios and to hire individuals who are gender- and culturally-diverse (including multi-lingual staff).
2. **Recruit and support development of new staff**, which may include outreach to and partnerships with high schools and colleges; and provide support for continued education for current staff.
3. **Increase and create peer support positions** including developing qualifications, providing training, and leveraging support from the Department of Rehabilitation and Department of Health Care Services.

4. **Increase compensation and benefits** to reduce turnover, standardize pay scales across providers and provide livable wages for those working in the services sector.

B. Support program staff in delivering effective services

1. Develop and implement **community standards and best practices for each service area** (including outreach, case management, coordinated entry) with a universal focus on housing navigation.
2. Create a **uniform, digital library, and schedule of trainings** for supportive services (including housing first, motivational interviewing, harm reduction, and trauma informed care, vocational training, resource availability, diversity/equity/inclusion competency).
3. Ensure that **coordinated entry system is used as the foundation** for service assessment across the continuum.
4. Develop **resource knowledge base and referral system** to effectively maximize community resources (including housing programs such as HASLO vouchers, HUD-VASH and other specialty vouchers, affordable/tax credit housing and legal resources).
5. Expand **access to interpretation** services for all providers.
6. Expand **technology toolkit** to ensure coordinated entry assessment can be done in the field in in real time, with virtual client signatures.

C. Structure services based on population need and geographical coverage.

1. **Revamp the coordinated entry system** to prioritize services based on need (including diversion, permanent supportive housing for higher threshold chronically homeless, rapid re-housing for lower threshold) throughout the geographic region.
2. **Coordinate outreach strategies across multiple agencies** to allocate and prioritize resources geographically and across populations and to improve information-sharing.
3. Coordinate efforts with **first responders, including** law enforcement and fire department agencies, to improve health and safety.
4. Integrate services with **jail, juvenile justice, and probation and other criminal justice entities**.
5. **Include people experiencing homelessness** in service design and implementation, at program and system level.

6. **Target program services to address the specific needs of subpopulations** including people who are aging, youth, and people who have a physical disability, mental health disorder, and/or substance use disorder. Ensure services are culturally appropriate to the target populations and the household makeup (including families, singles, and couples) and that supports vary as needed (specifically, time-limited versus static ongoing services) allowing for growth, independence, self-reliance, and recovery.
7. **Create outreach teams that are multidisciplinary**, including either medical staff certified and trained to provide care for physical, mental health, and substance use disorders, including mobile medications, or, at minimum, telemedicine access.
8. **Pilot a site-based Regional Homeless Operations Center** to support housing navigation services at the Oklahoma Parking Village.
9. Assess the need and location for **expanded mobile hygiene services** to increase engagement with unsheltered population.
10. Create and expand job development opportunities for unhoused and newly housed individuals by partnering with job creation and support agencies in the community, including America's Job Center of California, Vocational Rehabilitation, among others.

D. Prevent homelessness through expanded diversion efforts (also known as housing problem solving) and homeless prevention capacity.

1. **Find housing for an addition 50 people each year** through expanded diversion and homeless prevention efforts.
2. **Expand diversion** efforts through coordinated entry system (including by adding staff; improving program outcomes and training; increasing flexible funding for relocation, etc.). Ensure that frontline staff are trained in diversion and progressive engagement.
3. Expand community partnerships to help **identify households at-risk** of homelessness (for example, through schools, family resource centers, SAFE System of Care, food pantries).

> **What is diversion or housing problem solving?**
>
> Diversion resolves an immediate housing crisis by problem-solving to find an alternative solution to entering the homelessness system. May include financial assistance, mediation, or connection to resources. In one community, the average cost per person in the homeless system was $3,700, whereas per person cost for diversion was only $1,550.

4. Provide assistance to help households stabilize their housing through **temporary financial support** (rent, unpaid utility bills).

E. Implement culturally, linguistically, affirmative, and responsive programs and services to serve all individuals throughout the County in all regions.

1. Build **community understanding of diversity, equity, and inclusion** to ensure equitable access to culturally appropriate services throughout the homeless system of care.
2. Improve **access to services for non-English-speaking people**.
3. **Regularly train staff** throughout the homeless system of care to be responsive to a growing diverse population.
4. Create opportunities for **formerly homeless persons to participate in creating mutually supportive neighborhoods and build connections** to community resources for personal, social, and economic growth.
5. Develop and implement communication strategies to improve service access, that are **culturally and language appropriate**.

F. Expand mental health and substance abuse disorder services.

1. **Increase capacity and training for behavioral health outreach** in the field with ties to ongoing treatment, by adding behavioral health peers, case managers, and providers who are field-based and can connect individuals through technology (telehealth) to professional services. Ensure training related to harm reduction and trauma-informed services for professional and allied staff.
2. **Create integrated service strategies to address** chronic substance use and co-occurring disorders, such as creating sobering centers and residential treatment centers. Ensure that the **outreach workers are trained to recognize and provide interventions**, referrals, and care in both mental health and substance use disorders.
3. Provide **additional services for individuals who are coming out of homelessness** into housing to assist with the psychological impacts, development or renewal of daily living skills, and other post housing transitions including integration into the community.

G. Support efforts of first responders to address high system utilizers

1. Design and develop a countywide intervention strategy to identify, engage and serve **high system utilizers.**

> **High system utilizers** are individuals that disproportionately use emergency departments and inpatient services. Often, obtaining stable housing reduces system use in the first year of tenancy.

2. Expand and systematize the **interface with the jail** to reduce of frequency of post-incarceration homelessness. Expand **jail in-reach** (for example, enroll with Medi-Cal 90 days prior to release) to plan for re-entry and prevent recidivism through jail-to-community bridge services.
3. Create **24/7 response systems** with supportive services and transportation.

H. Structure services based on medical need of aging population

1. Develop and increase appropriate housing and **home health care services** to support housing retention among medically vulnerable and high need behavioral health populations.
2. Development of **Medi-Cal-accepting nursing homes, assisted living facilities, and licensed board and care homes across the aging spectrum**.
3. Cultivate **active partnerships with Dignity, Tenet, CHC, other healthcare providers and CenCal Health** for better supporting people with complex needs.
4. Create **respite care project** for people exiting medical facilities, with support for ensuring housing access.

I. Expand services and housing targeted to Transitional-Age Youth (age 16-25)

1. Strengthen the **safety net to identify, assess and connect youth** experiencing a housing crisis, ensure highest-risk youth receive priority for services.
2. Provide an immediate path to help youth access services for safety due to the consequences of homelessness, through **mobile crisis response**.
3. Expand a **continuum of age-appropriate, stable housing options** to meet the diverse needs of youth (for example, host homes, master lease, and permanent supportive housing).
4. Provide a **network of trauma-informed supportive services** to help young people maintain stable housing, learn life skills (including parenting supports)

and to achieve and sustain higher measures of success (including education and employment services).

5. Improve youth access and utilization of **medical, behavioral, and dental care services**.
6. Improve youth access and utilization of **public benefits (for example, CalFresh**).

Line of Effort 3: Improve and expand data management efforts through HMIS and coordinated entry system to strengthen data-driven operational guidance and strategic oversight.

Focus: Improve homeless system data quality and reporting, increase data sharing, and analyze and share data to drive improvements in homeless system performance.

Metric:

- HMIS access provided to all participating agencies for shared clients to the extent allowed by federal and state laws governing HMIS and privacy.
- Law enforcement, health care organizations, government agencies and nonprofit organizations may make referrals to coordinated entry.
- Devise mechanism to analyze aggregate data when individualized data cannot be shared due to privacy laws, regulations, or guidance.

Summary of Timing:

- **Year 1:** Create single HMIS database, data analysis and reporting to the community
- **Years 2-3:** Establish analytics and systematic reporting
- **Years 4-5:** Data driven refinements in strategy and services

A. Create a coordinated entry system that is open and accessible to all partner agencies to make referrals into the coordinated entry system and access data.

1. All data is entered into **one Homeless Management Information System** (HMIS). Acquire and implement software platform/vendor that fulfills community needs.
2. Create a **streamlined and automated referral process** and allow referrals from law enforcement, health care agencies, government agencies, and not-for-profit organizations.
3. **Open access for HMIS participating agencies**, consistent with client consent and relevant federal and state privacy laws.

B. Expand access and usage of data in service coordination and decision-making.

1. **Monitor participation** from HMIS participating agencies to ensure compliance with HMIS policies and procedures.
2. Create and sustain HMIS **technical support positions** in proportion to number of users.
3. Streamline data processes to **eliminate duplicate data entry** and improve understanding of need across the community.
4. Design and implement a **data quality improvement plan** within HMIS for all program types.
5. Create a **data analyst position** to analyze performance and produce reports needed for data-driven management.
6. **Community Action Teams and Mobile Crisis Units will have access to and utilize HMIS** data to coordinate and maximize service provision.
7. **Integrate GIS data and HMIS data** so that street outreach teams have access to and can utilize real-time information to better assist homeless persons.
8. Expand **data sharing and coordination with hospitals and managed care organizations** to identify populations with greater medical and behavioral health needs and increase coordination of services.
9. Improve **use of justice department, jail, police data (including TEMP data) and reports** to improve services to people with criminal legal system involvement. Share aggregate data with criminal legal system.
10. Develop a **dashboard and schedule of analytical reports** that can be used to assess program effectiveness, identify and quantify trends in the mix of needs, and fine-tune recommendations for resource generation and allocation.
11. **Reports on performance measures** provided bimonthly to the HSOC.
12. **Expand analysis** of Stella, HDIS, Point in Time Count, and HMIS and HUD System Performance Measures to provide a more comprehensive picture of homelessness.
13. Update data system to ensure timely **monitoring of Release of Information authorizations**.
14. Create **data tracking and reporting mechanism** to measure housing and shelter (including alternative housing models) production against Five-Year Plan development goals.

Line of Effort 4: Create, identify, and streamline funding and resources.

Focus: Increase funding and resources to support the strategy and align all funding available to address homelessness with community needs and priorities.

Metrics:

- Identify and earmark existing and known projected incoming grant monies toward new efforts that specifically accomplish objectives set by this strategy.
- Identify and analyze all current yet uncoordinated homelessness-directed funding streams across multiple government departments and community projects and work to synchronize them for greater impact.
- Increase grant-writing/grant-management capacity to improve our understanding and involvement with State, Federal and other funding sources, improve accountability and contract performance through enhanced grant management, and achieve an optimal return on investment into this strategy.
- Improve understanding and communication between County, City, nonprofit and private entities regarding funding opportunities, processes, and accountability procedures through training and focused interaction.

Summary of Timing:

- **Year 1:**
  - Earmark the Homeless Housing, Assistance and Prevention (HHAP) Program Rounds 2 and 3 funding, and selected ARPA monies toward efforts to improve data processes, improve the Coordinated Entry System, bolster homeless prevention efforts, and build multiple non-congregate shelter operations throughout the region to accommodate 100-150 individuals.
  - Quantify shortfalls in affordable special needs housing and service capacities and link existing and potential funding strategies to close the gaps in the next 4 years.
  - Launch effort to streamline uncoordinated homelessness funding and efforts, including coordination with key external partners such as CenCal Health.
- **Years 2-3:**

- o Continue to identify and steer funding in non-congregate shelter operations while shifting funding priorities to maximize service capacity and permanent supportive/special needs/ very low-income housing construction efforts.
  - o Formalize budgeting processes and funding strategies between County and City departments in accordance with a Regional Compact. These efforts might include Bond Measure and working with jurisdictions to achieve local match to maximize other funding such as priority tax credit projects (currently $40k/unit).
  - o Work with CenCal Health to integrate new Cal AIM and Housing and Homelessness Incentive Program services with existing homeless services for maximum efficiency and impact.
  - o Evaluate progress towards plan goals and earmark HHAP Round 4 funding to activities with the greatest impact.
- **Years 4-5:**
  - o Reduce investment in non-congregate shelter operations while optimizing ongoing financial investment into ongoing service capacity and traditional housing efforts.

A. Optimize the use of current funding streams and identify and obtain new resources

1. **Collectively, community-wide and cross-jurisdictions, identify funding opportunities** that are most likely to be profitable and pursue them collectively and strategically.
2. Develop a cross-jurisdictional team supported by local experts to drive forward an ongoing effort to **connect the most urgent needs with ever-changing opportunities for funding,** including by orchestrating funding blending and coordination.
3. Establish **clear priorities for grant programs for County- and city-controlled funding** that align with the goals of the strategic plan.
4. Implement a **new project review / housing program creation work group** to review applications for new funding opportunities to ensure alignment with the strategic plan.

B. Advocate for federal and state funding.

1. **Align efforts with State and Federal plans** to ensure that local efforts are prepared to seize funding and resource opportunities when presented.

2. Advocate for **ongoing state funding** for homeless services operations in order to sustain capabilities expanded with one-time funding.
3. Advocate for new federal and state funding for **supportive services in permanent supportive housing.**
4. Advocate for federal and state funding to provide **short-term housing stabilization services** for residents of Affordable Housing and Housing Choice Voucher recipients, particularly persons in need of short-term mental health interventions.
5. Create **priorities for new state funding opportunities** to ensure alignment with the strategic plan.
6. Work with local, state, and other regulators to **reduce barriers to creative interventions** and increase funding sources.
7. Ensure governmental legislative platforms align to effectively **advocate for resources and service reforms**.
8. Work with jurisdictions to **achieve local match** to maximize other funding such as priority tax credit projects funded (currently approximately $40k/unit).

C. Strengthen and increase private philanthropic funding and health care funding for homelessness.

1. **Partner with CenCal and local Health Care Systems and organizations** to identify opportunities to use CalAIM, HHIP and other initiatives to increase services and resources aligned with the strategic plan.
2. Strengthen and **align local funders** to support projects aligned with strategic plan.
3. Develop **stronger relationships with the faith community** to provide financial support services and funding.
4. Encourage local bankers and lenders to make it easy for homeowners to **finance the building of Accessory Dwelling Units (ADUs)** under 750 square feet for long-term rental use, since these units can also benefit from state-mandated fee waivers and expedited processing.

D. Align local City and County resources to support strategic plan.

1. Publish **annual combined plan and budget for homelessness** across all jurisdictions.
2. Incentivize achievement of **RHNA goals**.

3. **Consider pooling CDBG funding** between communities to speed housing development.
4. Ask cities and County to consider dedicating the year-over-year increase in **transient occupancy taxes** to supporting housing that is affordable to service sector workers.
5. Seek **pilot project** status for the County and CoC to get more grant funding and more flexibility.
6. Develop additional resources to prevent and address homelessness due to **domestic violence**.
7. Seek **County funding** to/for:
   - Fill in **funding gaps** to sustain operations and services
   - **Data systems** and analytics to leverage state funding and support continued data management
   - Seed money for **low-cost housing strategies**
   - Grant applications and management support including identifying **new grant opportunities**
   - Local support for **priority funding permanent housing projects** considers pooling with the cities
   - Explore other **revenue generating opportunities** to fund strategic plan activities (for example, bond measures, permit fees, etc.).
8. Seek **city and County funding** for:
   - Local support for **priority permanent housing projects** serving low-income and very low-income households
   - **Outreach services** specific to the community
   - Financial and operational support in partnership with other sources for **interim housing and shelter projects** benefiting the community
   - Explore other **revenue generating opportunities** to fund strategic plan activities (for example, bond measures, permit fees, etc.).

Line of Effort 5: Strengthen Regional Collaboration.

Focus: Create regional, coordinated response to homelessness to minimize duplication of effort and improve system effectiveness to reduce homelessness.

Metric: Create and maintain a Homeless Action Committee for the plan duration.
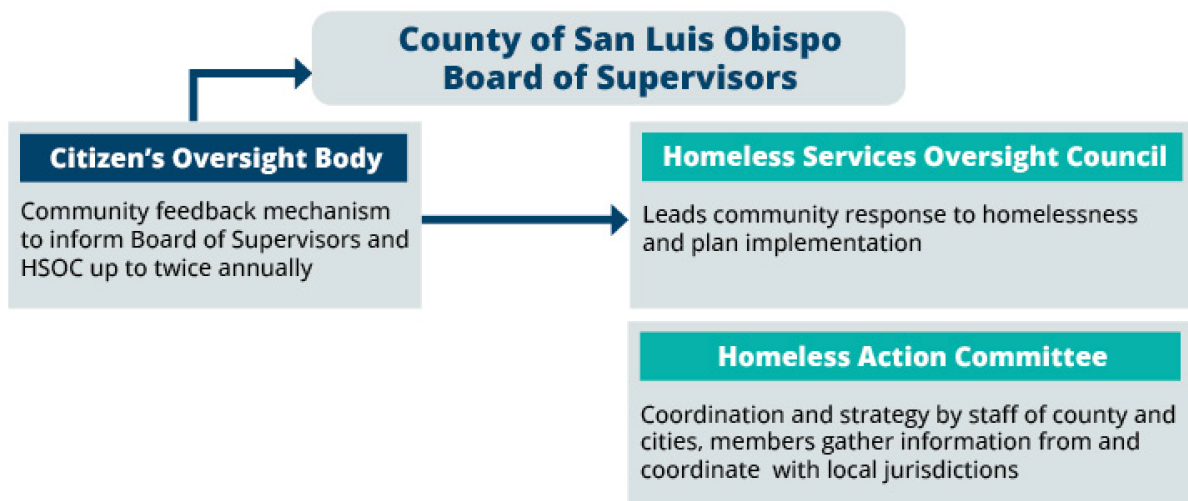
Summary of Timing:

- **Year 1:** Homeless Action Committee created, meets regularly; Citizens Oversight body formed; quarterly discussion sessions begin for those with lived experience
- **Years 2-3:** Regional Homeless Compact adopted
- **Years 4-5:** Data-driven management

A. Create a mechanism to visualize, describe, unify, and equitably direct regional efforts to address homelessness.

1. Develop **data-driven management**: Through HSOC and its committees, conduct bimonthly data-driven oversight on the status of plan implementation and on the extent to which desired outcomes are being achieved. Recommend action steps to the Board of Supervisors, the Homeless Action Committee and other stakeholder groups represented on HSOC as needed. Conduct periodic reviews of programs and services to identify activities that need to be initiated, terminated, sustained. Consider and communicate issues and opportunities initially vetted in HSOC committees.
2. For rapid implementation management, create a **Homeless Action Committee**, consisting of the County Principal Administrative Analyst on Homelessness (and select County staff as required) and all City Mangers (and select City Staff as required) that meets regularly (for example, biweekly) to promote a regional, strategically coordinated approach to addressing homelessness, including developing regional housing and shelter goals and plans. Each member will report back to their respective governing agencies and consult with people with lived experience, non-profit organizations, law enforcement, fire departments, and other community-based entities, as relevant. Staff will receive strategic guidance for this implementation work from HSOC, and coordinate with HSOC and its committees on multidisciplinary matters and policy issues.

3. Building from the Homeless Action Committee, **complete a Regional Homelessness Compact** with principles and jurisdiction-specific targets, overall and for special needs populations, and positive and negative incentives for compliance.
4. Secure **approval of the Regional Homelessness Compact** by all seven cities and the County Board of Supervisors.
5. Establish a **Citizen's Oversight body** to meet once or twice yearly to review progress on implementation steps and outcomes achieved and to provide community feedback to HSOC and the Board of Supervisors.
6. Pursue **reorganization within the County** to consolidate and empower homeless-related staffing, create more stability and predictability in funding and program structure, reduce duplication, allow for more meaningful mid-term and long-term planning, and braid together a significant amount of spending.

County of San Luis Obispo Board of Supervisors

Citizen's Oversight Body
Community feedback mechanism to inform Board of Supervisors and HSOC up to twice annually

Homeless Services Oversight Council
Leads community response to homelessness and plan implementation

Homeless Action Committee
Coordination and strategy by staff of county and cities, members gather information from and coordinate with local jurisdictions

B. Elevate the voice of people experiencing homelessness to reduce stigma and marginalization of the homeless population.

1. **Engage people with lived experience of homelessness** to understand challenges faced by people experiencing homelessness in this community and highlight successes.
2. **Ensure representation** from people of lived experience on any committee or work group focused on homeless issues.

3. Expand **input from Spanish-speaking population** throughout the homeless system.
4. Hold **quarterly community discussion groups** on homeless issues with content developed in partnership with people of lived experience. Refer insights, requests and recommendations to HSOC committees and the Homeless Action Committee for consideration and action.

Line of Effort 6: Build public engagement through information-sharing and partnership.

Focus: Sufficiently define the core homelessness issues and communicate the need to the community for these issues to be addressed. Further, educate and communicate with community members about the strategic plan, outcomes of plan efforts, and specific needs to improve community support for efforts to end and reduce homelessness.

Metric: Raise 10% more funding from general public contribution each year of the plan.

Summary of Timing:

- **Year 1:** Community education, media plan and "How can I help?" resources
- **Years 2-3**: Establish result reporting to community in accessible dashboards
- **Years 4-5:** Enhance community partnerships to strengthen the effectiveness of individual projects and collective efforts to restore people more quickly and securely into housing.

A. Create a community education strategy to inform community leaders and citizens.

1. Develop and maintain a **web-based information-sharing center** about ongoing activities, plans, and structures responding to homelessness locally to improve communications.
2. Develop **community-wide dashboards** to share progress on addressing homelessness and on developing affordable housing.
3. **Circulate HSOC result reports** to multiple constituencies. Develop talking points for report to distribute to cities, service providers, etc.
4. Ensure all **communication is accessible** especially to the full population (such as translations in Spanish, cultural appropriateness, readability, vision or hearing impaired, etc.)
5. Create a **centralized resource to help answer the "how can I help" question** and help link potential volunteers, donors and advocates with established organizations and each other
6. Create an **online resource for the homeless population** to share information about what is happening in the community, and for individuals

experiencing homelessness to have a way to share their experiences with HSOC.

7. **Enhance engagement with front-line community groups and volunteers** working with underserved homeless populations and really contribute to the trust of the unhoused community and can help the entire community with the ties to the unhoused community.

8. Build community support for creating homelessness funding mechanisms (including both public and private funding).

B. Create a media plan for communication including professional and social media

1. Hire a **public relations firm** to create media plan to share information about homelessness and the system of care in order to more effectively engage the community in supportive action, using already-allocated funds.

2. Distribute **shared talking points** to city communications people.

Summary of Jurisdictional Commitments

To support this plan, each jurisdiction will be encouraged to:

- Participate in Homeless Action Committee and development of Regional Homeless Compact
- Adopt least restrictive interpretation of "low-barrier navigation centers" (based on state zoning requirements) into zoning codes.
- Consider waiver of permit fees (or commit permit and/or impact fees to project) for new infrastructure related to homelessness.
- Introduce policies and strategies to help accelerate completion of affordable housing projects, both traditional and non-traditional, to meet RHNA targets
- Consider pooling CDBG funding to speed housing development.
- Consider dedicating the year-over-year increase in transient occupancy taxes to supporting housing that is affordable to service sector workers.
- Align funding decisions with strategic plan priorities
- Provide funding to:
    - Local support for priority Low-Income/Extremely Low-Income permanent housing projects
    - Outreach services specific to the community
    - Financial and operational support in partnership with other sources for interim housing and shelter projects benefiting the community
    - Explore other revenue generating opportunities to fund strategic plan activities (for example, bond measures, permit fees, etc.)
- Create at least one non-congregate sheltering/interim housing project.

In addition, the County will:

- Consider reorganization within the County to consolidate and empower homeless-related staffing
- Provide funding to:
    - Fill in funding gaps to sustain operations and services
    - Data systems and analytics to leverage state funding and support continued data management
    - Seed money for low-cost housing strategies
    - Grant applications and management support including identifying new grant opportunities
    - Local support for priority funding permanent housing projects considers pooling with the cities
    - Explore other revenue generating opportunities to fund strategic plan activities (for example, bond measures, permit fees, etc.).

Thank you!

Thank you for taking the time to review and submit your feedback on this draft plan. Ending homelessness will take the effort and coordination of our full community. We look forward to your support in reducing the impact of homelessness in the County of San Luis Obispo over the next five years.

Housing Goal: 2050 additional housing placements over 5 years

Why 2050?

- Our overall plan goal is to reduce the number of people experiencing homelessness to 50% of the current level within five years. So, if 2100 people are homeless now, we plan to house at least **1050** people homeless countywide before plan completion.
- HMIS data from the past three years shows an average of approximately 200 more people coming into the system of care each year compared to those to exit, so we can estimate that roughly an additional **1000** people will become homeless during the plan implementation period.
- As a result, we plan to house **2050** (1050 + 1000) more people in housing over this 5-year period above and beyond the current level of effort.

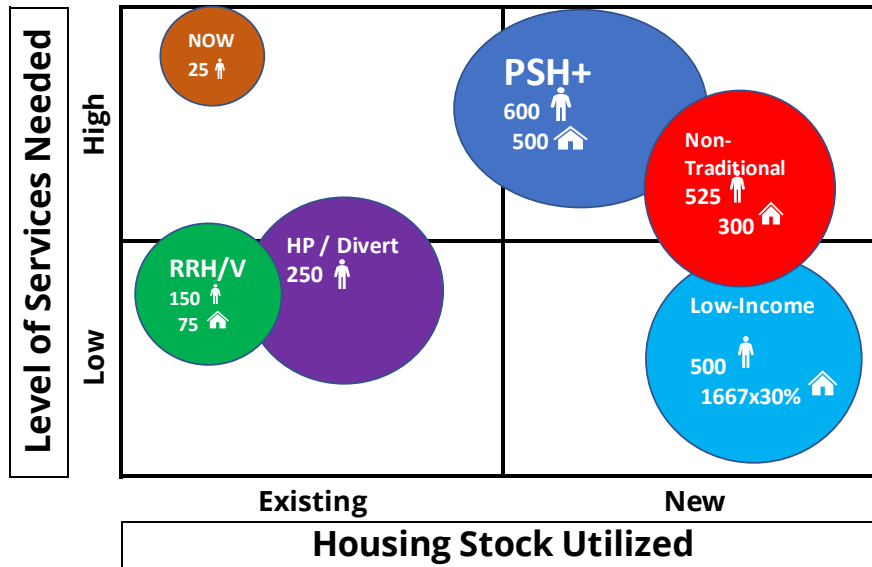| How will 2050 placements be reached?			
Housing/Shelter Approaches	**Target & Assumptions**	**Supports Needed for Success**	**Oversight**
1. Homelessness Prevention and Diversion			
Homelessness prevention and diversion programs both use problem solving techniques, which may include funding (for example, utility arrears, transportation support), services, and support to either prevent or quickly end a household's homelessness. Both efforts work from each households existing relationships and resources to avoid homelessness.	**Target**: **250** additional direct placements (50/year)	• New diversion specialists • Training across system • Funding to sustain current level of homelessness prevention • Data mechanism to track, report diversion	HSOC Services Committee

How will 2050 placements be reached?

Housing/Shelter Approaches	Target & Assumptions	Supports Needed for Success	Oversight
2. Rapid Rehousing (RRH)/Vouchers			
Rapid rehousing (RRH) is a housing intervention that provides financial support, including short to medium term rental assistance, and services to support households to stabilize in housing. The goal is that households will transition in place and take over their full rent payment when they exit the program.	**Target:** House an additional **160** people in existing units through a combination of RRH and new housing vouchers. **Assumptions**: Assume 20% turnover and 1.5 persons per unit. Additional use of this strategy is constrained by the tight housing market.	• Landlord support and liaison(s) • Landlord mitigation and incentive funding • Funding for vouchers and move-in costs • Case management • Behavioral health staffing	HSOC Services Committee
3. Housing NOW			
A program of intensive mental health and case management support for high-vulnerability persons with extensive support needs, in master-leased or owned units.	**Target:** House an additional 25 people (5 additional persons per year) **Assumption**: Additional use of this strategy is constrained by the tight housing market.	• Additional master-leased or owned units • Case management • Behavioral health staffing (TMHA)	HSOC Services Committee
4. Non-Congregate Interim Housing & Sheltering Capacity			
Interim housing and sheltering capacity can take many forms, including tiny homes, cabins, pallet shelters, safe parking, sober living, and other creative approaches. A mix of "wet, dry and damp" environments will be needed. Case management and diversion techniques will be needed to support households to move to more stable housing, which may include subsidized (for example, rapid rehousing) or supportive housing (for example, permanent supportive housing).	**Target:** Build **300** units within 3 years (90-120-90; roughly 10 sites with average of 30 units per site (range 15-60 units)). With turnover, will shelter **500** people. **Assumption**: 25% annual turnover to start.	• Focused effort on permits and construction • Operating oversight with community volunteers and donors • Case management, behavioral health services, and housing-focused services	HSOC Housing Committee

How will 2050 placements be reached?			
Housing/Shelter Approaches	Target & Assumptions	Supports Needed for Success	Oversight
5. Low and Very Low-Income Housing per RHNA			
Ensure the construction of deed-restricted housing for low-income (LI) and very low-income (VLI) households, plus ADUs	**Target**: House **500** additional homeless or at-risk people by building 1667 units. (When added to the 500 units of PSH in #6, this equals 1/2 of 10-year RHNA targets countywide). **Assumptions**: 30% yield: 10% homeless set-aside plus another 20% ultimately resulting in someone avoiding homelessness.	• Match unit mix to needs (more 1 BR or studios) • Local matching funds (County and City) • Case management to stabilize people in housing	HSOC Housing Committee
6. Permanent Supportive Housing (PSH)			
Permanent supportive housing (PSH) is housing for formerly homeless people with disabilities that is not time-limited and includes services to sustain housing. The plan calls for units to be created in new construction or other structures.	**Target:** Build **500** new units (by year, 50,50,80,160,160). With turnover, house **580** people. **Assumption:** Continuation of current 14% average turnover rate to house 600 people in 5 years. This includes persons with complex health challenges.	• Local matching funds (County and City) • Extensive partnership with healthcare organizations • Case management and behavioral health services required to stabilize housing	HSOC Housing Committee

Five-Year Targets by Housing Type

(accounting for turnover and percentage dedicated to homeless households)

Level of Services Needed (vertical axis: High / Low)

Housing Stock Utilized (horizontal axis: Existing / New)

Bubbles:
- NOW 25 👤
- PSH+ 600 👤 500 🏠
- Non-Traditional 525 👤 300 🏠
- RRH/V 150 👤 75 🏠
- HP / Divert 250 👤
- Low-Income 500 👤 1667x30% 🏠

Definitions:

RHNA:

PSH+	Permanent Supportive Housing + options for high-needs persons (for example, nursing home beds)
Low Income	Affordable Housing for Low Income and Very Low Income households, including ADUs
Non-Traditional	Non-traditional interim housing/shelter options, eg tiny home villages, cabins, sober homes
NOW	Housing NOW
RRH/V	Rapid Re-Housing and new Vouchers
HP/Divert	Homeless Prevention (HP) and Diversion services

Regional Housing Need Allocation (2019)

Jurisdiction	Total Allocation	Very Low	Low	Moderate	Above Moderate
		24.6%	15.5%	18.0%	41.9%
Arroyo Grande	692	170	107	124	291
Atascadero	843	207	131	151	354
Grover Beach	369	91	57	66	155
Morro Bay	391	97	60	70	164
Paso Robles	1,446	356	224	259	607
Pismo Beach	459	113	71	82	193
San Luis Obispo	3,354	825	520	603	1,406
Unincorporated	3,256	801	505	585	1,365
Regional Total	10,810	2,660	1,675	1,940	4,535

2019 RHNA: Jan. 1, 2019 - Dec. 31, 2028 (10 years)

Note 1: The table above included minor percentage calculation adjustments (to the top percentage to achieve whole units). Income group totals accurately match HCD's determination.

Note 2: Income limit categories for San Luis Obispo County in 2019 are determined by HCD and found at: http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits.shtml